



Capacity Strengthening

SBCC Capacity Strengthening in Action: HC3 Country Case Study Series

HC3 Facilitates Transition of the National AIDS Resource Center to the Federal Ministry of Health in Ethiopia

Nafkot Woldetsadik Mekuria has been a counselor at the Wegen AIDS Talkline since 2004. As supervisor, she is the first to arrive at the office and log into the system for the day. Nafkot's satisfaction with the job has only increased over the years. She believes the Talkline is "a place that you can serve with heart...talk to them, you listen to them, you can give what you have and you can see really see change."

The Wegen AIDS Talkline receives about 1,700 calls daily. To Nafkot, the Talkline provides a valuable service: "People call for a solution to their problems" and they trust the hotline to provide non-judgmental, anonymous, empathetic and free advice. As the only psychosocial hotline in Ethiopia, she believes the service fills an important void. "Usually [a] problem lies beyond physical disease and we are the place where people can discuss all the things...with time, with professional touch and with all empathetic communication."

Addressing HIV in Ethiopia

This case study explores how national and regional services for HIV prevention and control transitioned from a donor-funded, partner-operated effort to being the full responsibility of the Federal Ministry of Health.

In Ethiopia, adult HIV prevalence is at 1.2 percent (0.8 percent men, 1.6 percent women). Social and behavior change communication (SBCC) was integrated into Ethiopia's HIV/AIDS prevention, care, treatment and support strategy, programs and activities under the



Nafkot Woldetsadik Mekuria, Supervisor at the Wegen AIDS Talkline, starting her day at work

NARC Project since 2004. The NARC project was a collaboration with the Federal Ministry of Health (FMOH) administered by Johns Hopkins Center for Communication Programs (CCP) and funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. government, first through the Centers for Disease Control and Prevention (CDC) and most recently through the U.S. Agency for International Development (USAID) and its Health Communication Capacity Collaborative (HC3), which is led by CCP. Among NARC's SBCC activities were the National Wegen AIDS Talkline, the National AIDS Resource Center (NARC) website and HIV-related radio programming (*Betengna* and *Dagu*).

SBCC programs use the power of communication to change behaviors by positively influencing knowledge, attitudes and social norms to improve health, lifestyles and environments.

For SBCC to have long-term impact, it needs to approach issues at multiple levels of society, have local ownership and be responsive to changing needs. The SBCC environment or "ecosystem" within Ethiopia needs to be capable of continuing, improving on and adapting effective SBCC efforts. When these conditions are met, SBCC offers sustainable solutions with a lasting effect.

Global examples of such transitions are few. The experience in Ethiopia demonstrates strengthened SBCC capacity within a country's SBCC capacity ecosystem.



The Wegen AIDS Talkline sign

The SBCC Capacity Ecosystem™

The **SBCC Capacity Ecosystem™** model was developed by HC3 to reflect the systematic assessment, design and implementation of customized and strategic capacity strengthening for SBCC. The Ecosystem assesses capacity at the individual, organizational and system levels; recognizes that capacity strengthening is a dynamic, non-linear, non-hierarchical process involving many interacting agents; and speaks to the inherently complex, interconnected and often unpredictable nature of capacity strengthening and the dynamic environments in which we work. It also recognizes that a single intervention is almost never enough to produce change. The Ecosystem's elements are necessarily mutually reinforcing.

To support the goal of reducing HIV incidence in most at-risk populations (MARPs) in Ethiopia, HC3 recognized the importance to not only reach individuals with information, but also to strengthen local FMOH processes and systems to design, implement and evaluate high-quality SBCC interventions that contribute toward the desired impact.

HC3 worked on strengthening SBCC capacity at the organization and individual levels through such activities as technical trainings, internships and mentoring. The transition of the NARC and Talkline services was a strong example of SBCC capacity building at the **System** level. This case study focuses on this transition.

HC3 Background

HC3 Ethiopia was initiated as a cooperative agreement, from March 2014 to June 2016 (\$3 million over two years). Funded by PEPFAR through USAID, HC3 partnered with the Government of Ethiopia (GoE) to implement an SBCC Capacity Mapping Tool to help identify focus areas of SBCC capacity to strengthen within the Ethiopian ecosystem.



"Understanding the FMOH's concerns, priorities and contexts is very important. Sitting down together is key, so that transition of programs is linked to the direction they wish to take," said Betemariam Alemu, HC3 Deputy Chief of Party.

FMOH and HC3 Agree to Transition

In an environment of shifting donor development priorities, the GoE and USAID through HC3 agreed that transitioning several key HIV prevention services to the FMOH was key to strengthen SBCC capacity in Ethiopia.

At the beginning of HC3 Ethiopia, the FMOH took over the ongoing production of two popular radio programs – *Betegna* and *Dagu* – previously sponsored by international donors. "This was relatively simply done," said Simon Heliso, Chief of Party for HC3 Ethiopia. "We helped set up the radio studio at the Ministry." A plan was put in place to train and assign staff that could manage the program. The transition of NARC and the Talkline was not as simple. Four distinct challenges needed to be addressed to transition these previously donor-managed resources to the FMOH.

Challenges

- **Support:** Although everyone – donors, partners and the Ministry – consider NARC services to be of excellent quality and extremely important to public health, many (including FMOH) were concerned as to whether this transition was realistic. They agreed on the need to keep the services intact and accessible to the public, not commercialized and scattered. Once the top levels of the FMOH committed to the transition, the process moved forward more smoothly.
- **Space:** The resource center library and call center both required furniture and equipment, which occupy considerable physical space. In fact, an entire building floor was needed to properly run the Talkline. Logistically, finding a physical location to house these resources was a challenge.
- **Staff:** Transitioning human resources was not easy, especially because of the way civil service is organized in Ethiopia. All civil service organizations must clear the number of positions needed with the Ministry of Civil Service. Enough staff had to be hired to cover the Talkline for 24 hours each day. Originally, 96 staff were hired to work on the Talkline. In 2015, during the transition, this number was reduced to 23. This raised concerns about the quality of the services during and after the transition. What if the right staff could not be found again if the current ones were let go? Another concern was the low level of salary paid to civil service staff.
- **Funding:** Developing and getting budgets through the Ethiopia Parliament was a lengthy process.

What Worked Well

The collective commitment of partners – FMOH, USAID and CCP (HC3) – proved to be the force that pushed the transition forward. Once the radio programs transitioned,

the NARC library followed. After looking at a host of potential spaces to house the transitioned programs and activities, the Ethiopian National Archives and Libraries Agency (NALA) building was selected as a viable alternative. Located in Addis Ababa's city center, it was easily accessible to university students, the ministries, the Federal HIV/AIDS Prevention and Control Office (FHAPCO) and other civil service organizations. In fact, this move proved to be a benefit. The NARC is now open seven days a week, for longer hours than before. The NALA library also has a research wing that archives materials that were a part of the NARC collection. During the three-month transition period (July to October 2015), HC3 supported FHAPCO's internet server and website.

How It All Came Together

In May 2016, the Ministry of Civil Service granted approval to the FMOH to create positions within the government to absorb Talkline staff, and increase the number of Talkline counselors from 41 to 69. At the same time, the Health Extension and Primary Healthcare Directorate of FMOH incorporated "strengthening and expansion of the 952 hotline and use of new technologies" into their core plan for the upcoming fiscal year. A full team was created to provide psychosocial support services for HIV, which had not existed before.

Although the Talkline only supports psychosocial support services for HIV, incorporation of the program into the civil service/government infrastructure allowed for potential expansion of Talkline support to other health topic areas.

Lessons Learned

In any country, the ultimate test of sustainable SBCC is when it is owned and effectively implemented by the players within the local SBCC ecosystem.

Despite its challenges, the transition of HIV prevention services – notably the NARC and the Talkline – was successful due to a collective commitment to sustaining high-quality and effective interventions. Government, funders (particularly USAID, which supported the transition), partners and, most importantly, dedicated staff all believed in the interventions.

HC3 Ethiopia's Heliso noted, "The government recognized the quality and standard of the NARC and the

Talkline. They were too good to throw away."

When interventions are seen and felt to be demand driven and not externally imposed, they are valued. While these interventions were not silver bullets, they were seen to be a significant and innovative part of the solution.

Conclusion

Long-term investment in building structures and resources can result in sustainable impact when done in a collaborative manner, with a focus on impact and supporting local objectives and priorities. By changing the lens through which capacity strengthening is viewed and drawing upon innovative ways to assess and validate capacity strengthening outcomes, the GoE, donors and partners made evidence-based decisions to continue these SBCC programs and activities.

The transition of the NARC, the Wegen AIDS Talkline and other projects from international to national support and ownership succeeded because of the collaboration of the FMOH, donors, partners and project staff. It also highlighted the potential for decreased dependence on external funding, an important consideration linked to sustainability and local governmental ownership of these services.

Outcome Harvesting

The allocation of financial and human resources demonstrates the Ethiopian government's strong commitment to integrate NARC and Talkline services into the FMOH systems. Since its transition, the average number of calls to the Talkline has held steady at around 1,700 per day. However, the number of calls that have been serviced doubled from November 2015 to August 2016. The library and resource center see brisk traffic from students and SBCC practitioners.

HC3 Ethiopia conducted an outcome harvesting evaluation to assess and document the contributions of the two-year project. During this evaluation process, HC3 weighed the importance of each outcome, which provided an opportunity to reflect upon the impact, effectiveness and sustainability of project activities. Overall, the outcomes indicated significant project contributions to enhanced mechanisms for the improvement and standardization of SBCC efforts within Ethiopian health systems.

"The Wegen AIDS Talkline, Betegna and Dagu radio programs, and the National and Regional ARC libraries were some of the innovative programs FHAPCO was able to undertake together with Johns Hopkins CCP. I am pleased to note that we are poised today to transition some of these successful services to our institutionalized federal government auspices. Today, the 952 Talkline will be part of the FMOH as the Ethiopian Health Talkline while the [National] AIDS Resource Center will form a basis for a future Health Resource Archive at the National Archives and Libraries Agency."

Ato Berhanu Feyissa
Director General of FHAPCO speaking at the official transition event of the NARC services to the FMOH,
June 30, 2016

Supportive SBCC Capacity Strengthening at the System Level

While transitioning key interventions to the public sector was a priority, other SBCC capacity strengthening activities were also needed to further support the work of the Ethiopia FMOH and FHAPCO.

Strengthening Strategies and Networks

At the system level, HC3 worked through the HIV SBCC Technical Working Group (TWG) to develop the National Communication Strategy for MARPs. HC3 staff served as Secretary for the SBCC TWG, which developed this strategy. During 2015, FMOH developed a five-year strategic plan based on the strategy drafted by HC3.

To improve networking, sharing and the development of a strong SBCC community in Ethiopia to support the efforts of the FMOH and FHAPCO, HC3 developed an Ethiopia country page (<https://healthcomspringboard.org/ethiopia/>) on Springboard for Health Communication, a virtual and face-to-face SBCC community of practice. A number of learning forums also took place, hosted in turn by different SBCC partners. Since 2015, FHI 360, FHAPCO and FMOH have hosted face-to-face meetings with the estimated 80 members of Ethiopia's Springboard group.

Reflecting on the recent changes at the Talkline and the visible support from the FMOH, supervisor Nefkot Woldetsadik Mekuria said, "It's nice to work here... we have a great future because FMOH is involved a lot, including plans to expand to other health sectors and hire additional staff."

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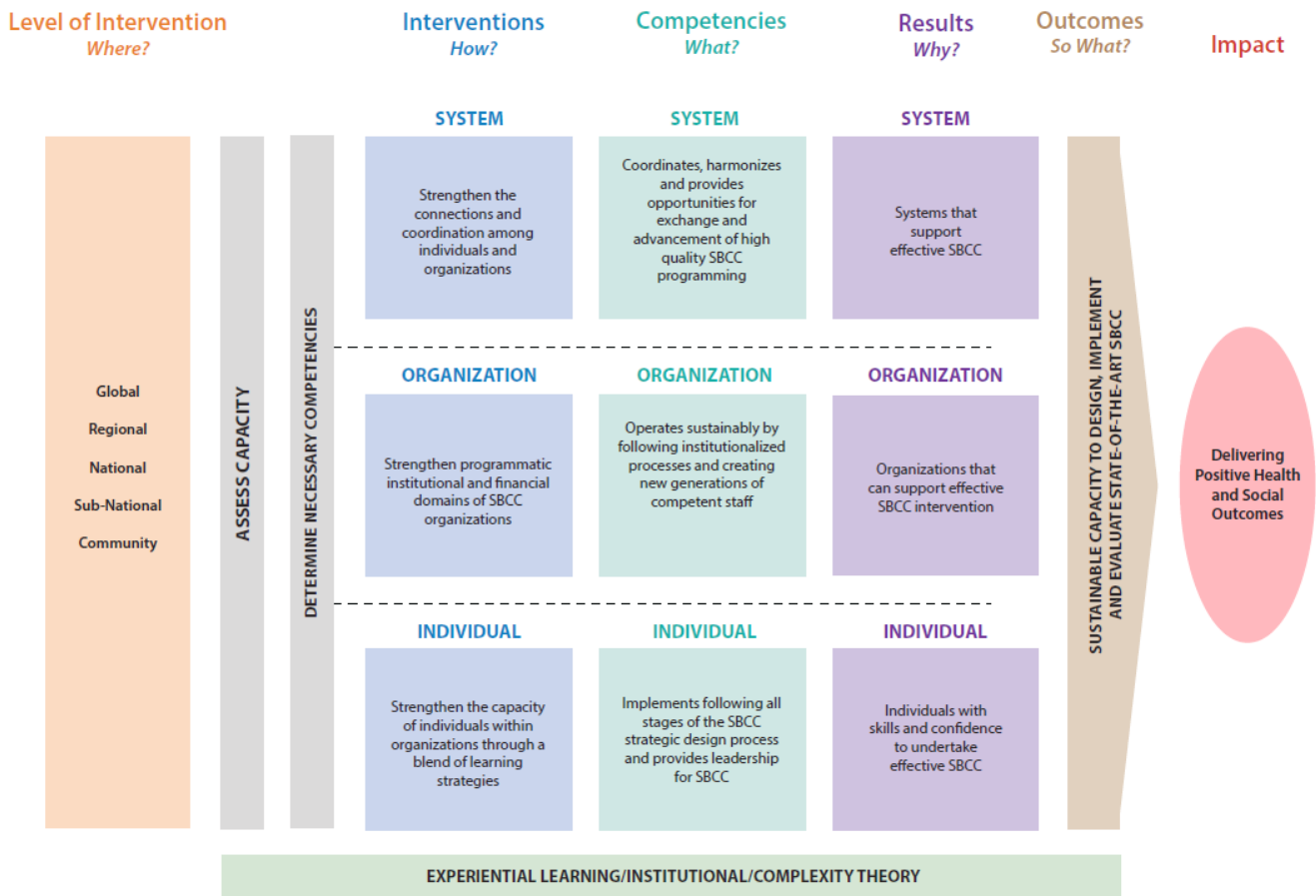
The official transition event of the NARC services to the FMOH, June 30, 2016.

Resources

Find out more about the official handover of the Talkline to FMOH on June 30, 2016, at <https://www.usaid.gov/ethiopia/press-releases/jun-30-2016-usaid-transitions-national-aids-resource-center-hotline>

Find more information on the SBCC Capacity Ecosystem on the next page.

SBCC Capacity Ecosystem™



A New Model for SBCC Capacity Strengthening

The HC3 **SBCC Capacity Ecosystem** (pictured above) is a model that reflects the systematic assessment, design and implementation of customized and strategic capacity strengthening for SBCC. While arising from the work of HC3, it is a model that can be used by any project seeking to strengthen SBCC capacity at the local, regional or global level.

More information about the Ecosystem can be found at: <http://healthcommcapacity.org/sbcc-capacity-ecosystem/>.



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